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SAYING WHEN

HOW TO QUIT DRINKING
OR CUT DOWN
AN ARF SELF-HELP BOOK

ARF Addiction Research Foundation
Fondation de la recherche sur la toxicomanie

BY MARTHA SANCHEZ-CRAIG



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A handwritten signature in black ink, appearing to read 'msanchez-craig', with a long horizontal flourish extending to the right.

Martha Sanchez-Craig

INTRODUCTION

If your drinking is the cause of some of your problems, this guide can help you to quit or cut down. It offers a program that has been used successfully by hundreds of clients. We have been refining and testing this program at the Addiction Research Foundation for more than 18 years.

Our clients joined the program because their drinking was a threat to their health, their relationships or their careers. They were highly motivated to change their drinking habits and made this goal a top priority for several months.

Even though drinking was affecting the lives of our clients, they were not “alcoholics” — they had not experienced symptoms of severe alcohol dependence or problems with other drugs. Also they were not suffering serious medical or social problems.

The program that helped our clients is outlined in this guide, step by step, so you can apply it to your own situation.

The program can help you if, like our clients:

- ▲ you have good reasons for wanting to change your drinking habits
- ▲ you make your goal of quitting or cutting down a top priority for several months.

Why offer a guide like this?

There are four good reasons:

1 Many people who develop alcohol problems sort them out on their own, by trial and error. This guide can make it easier for you to quit or cut down by learning about methods that have worked for others.

2 People who overcome drinking problems often cut down instead of quitting. Most treatment programs require that you quit drinking entirely. This guide gives you the choice.

3 People often don't know what is meant by "moderate drinking." This guide gives you information on drinking patterns that can help you to avoid alcohol-related problems.

4 Many problem drinkers don't seek help simply because treatment programs do not provide the options they want to use to deal with their drinking. These are the options our clients wanted:

Privacy

they wanted to get help without having to inform their family or employer

Anonymity

they did not want to be labelled "alcoholic" or openly admit to being "alcoholic"

Flexibility

they wanted to get help without putting their work or family responsibilities on hold

Choice

they wanted to choose between quitting or cutting down.

This guide gives people a chance to resolve their drinking problems and still retain these important options.

What was the success rate of our clients?

Over the course of 18 years of research and evaluation, about two-thirds of our clients have been rated “successful” one or two years after they completed the program. How do we define “success?” Well, these were clients who had been drinking as many as 51 drinks per week when they came for treatment. After completing this program, they were drinking fewer than 12 drinks per week on average. As well, they very seldom had more than four drinks on any day. They did not drink daily. More importantly, two years after treatment, two-thirds of our clients reported that their drinking was not causing them problems with their families, their work, or their health.

How will this guide help you?

SAYING WHEN has four main sections.

Section One

will help you determine if this guide is for you or if you need more intensive help.

Section Two

describes the five steps of the program. You will learn the skills that can help you to achieve and maintain abstinence or moderate drinking.

Section Three

answers five questions our clients often ask: What is alcohol? How much is too much? Is alcoholism an inherited disease? How do people deal with drinking problems? How do drinking habits develop? You don't need to know this information to make the program work for you. But it will help you to understand why you are asked to do certain things as part of the program. It will be helpful if you review this section while you complete the steps described in Section Two.

Appendix

This section includes materials that will allow you to keep track of your progress.

SECTION ONE

SHOULD YOU USE THIS GUIDE
OR SHOULD YOU GET
MORE HELP?

You will complete an assessment questionnaire to determine if:

- ▲ you are severely dependent on alcohol
- ▲ you are enduring a personal crisis
- ▲ you are having problems with drugs other than alcohol.

If you have any of these problems, this program is NOT for you. You probably need more help than this guide can offer.

Am I severely dependent on alcohol?

Most people who are severely dependent on alcohol experience the symptoms described below. Review each point carefully and if these symptoms apply to you, place a check.

Withdrawal Symptoms

In the past six months, after I had been drinking I sometimes experienced:

- shakes (a coarse tremor in my hands, tongue or eyelids).
- a lot of sweating and fever.
- panic (strong anxiety).
- hallucinations (I saw, heard, or felt things that were not really there).

Drinking to Relieve Withdrawal Symptoms

In the past six months, more than once:

- I needed alcohol to relieve withdrawal symptoms (for instance, I drank in the morning, or when I woke up, to calm the shakes or other unpleasant feelings).
- I needed alcohol to avoid experiencing withdrawal symptoms.

If you checked any of the symptoms in points 1 or 2, you need more help than this guide can provide. You should seek professional assistance.

Do I have other signs of dependence?

If an expert were assessing how dependent you are on alcohol, he or she would also judge to what degree the following statements were true or not true about you. Consider each statement carefully. If the statement, or part of the statement, is true of you, place a check.

In the past six months:

- I often drank larger amounts of alcohol than I intended, or I drank for longer periods than I intended
- I often felt that I should cut down or control my alcohol use, or I made one or more unsuccessful efforts to control it

- I spent a great deal of time trying to get alcohol, drinking alcohol, or recovering from the effects of drinking
- I was often intoxicated, or suffering the effects of drinking during my work, while taking care of my child, or during school. Or I put myself and others at risk (for example, by driving under the influence of alcohol)
- I have given up, or reduced my involvement in important social, work-related or recreational activities because of my drinking
- I continued to use alcohol in spite of one or more persistent or recurring problems that were being made worse because of my drinking
- My tolerance for alcohol has increased. I need to drink at least 50 per cent more to get the effect I want, or I get much less effect if I drink at my previous level.

Our clients usually experienced three, four or even five of these symptoms, but not to an extreme degree – their alcohol dependence was mild or moderate. They never experienced the severe symptoms in points 1 and 2. If you are not sure about your answers, you may consider:

- ▲ *consulting a specialist to help you with this assessment*
- ▲ *starting this program, but keeping in mind that if you do not make progress, it would be wise to consider more intensive help.*

Am I enduring a personal crisis?

Personal crises make it difficult to change drinking habits without extra help. If you are experiencing any of these situations, place a check.

I am

- in the middle of a separation or divorce
- in the middle of a child custody dispute
- charged with a serious offence
- unemployed after losing a good job
- filing for bankruptcy or having serious financial problems
- severely depressed
- mourning the recent loss of someone I loved.

If you checked any of the above, you should get appropriate professional advice to help you cope with your crisis and your drinking.

When you get over the crisis, if you are still concerned about your drinking, SAYING WHEN can help you.

Am I having problems with other drugs?

These are some of the drugs that can make a drinking problem even worse:

- ▲ Tranquillizers (such as Valium®, Librium®, and Ativan®)
- ▲ Sleeping pills (such as Seconal® and Halcion®)
- ▲ Pain killers (such as codeine, Percodan®, and Demerol®)
- ▲ Marijuana or hashish
- ▲ Amphetamines or “uppers” (such as speed)
- ▲ Cocaine.

You have a problem with drugs other than alcohol if one of these statements is true of you:

- ▲ I am taking a prescription drug, but not according to the recommendation of my doctor – usually I take more.
- ▲ I occasionally use an illicit drug, sometimes with problems and sometimes without problems.
- ▲ I frequently use an illicit drug.

If you have problems with any of the drugs mentioned above, this guide is NOT for you. You should seek professional help.

Your decision Yes

I believe this guide can help me. I am motivated to start working on my drinking and to make this goal a top priority. Also, I do not have severe alcohol dependence or another problem that requires additional help.

 No

This guide is not for me. I have severe alcohol dependence or another problem that requires additional help.

If you decided that this program is for you, remember that our overall objective is to give you the skills you need to avoid problems related to drinking.

SECTION TWO

THE PROGRAM

To be successful in this program you must go through the following five steps. You can take each step at your own pace.

Step 1 • Taking stock

First, you will find out how much you are drinking, what situations trigger your drinking, and how alcohol is affecting you. This information will help you to set your own benchmark for progress.

Step 2 • Setting your first goal and discovering how you cope with temptations

Whether your goal is abstinence or moderation, for the first two weeks of the program you will be advised to quit drinking. This short period of abstinence will help you to discover how you cope naturally with temptations to drink. Our research shows that those who don't drink during the first two weeks are more successful in the program.

Step 3 • Setting your long-term goal

Once you have completed steps 1 and 2 you will have enough information to help you decide if you want to aim for abstinence or moderation. If you want to learn to moderate your drinking, you will determine how much and how often you will drink, and in what situations you can drink safely.

Step 4 • Developing strategies to help you reach abstinence or moderation

Over a four-week period you will develop and implement a plan to reach your long-term goal. You will be able to put into practice the strategies our successful clients found most useful in dealing with their drinking.

Step 5 • Developing strategies to maintain your progress

When you reach Step 5, you will know which strategies work best for you. By applying these strategies consistently, you will reach your goal. By making them "second nature," you will be able to maintain your goal. Remember, success doesn't happen overnight. It may take several weeks or months before you become comfortable with a new pattern of drinking, regardless of whether that means abstinence or moderate drinking.

Your overall objective in this program is to avoid problems from drinking. You can achieve this by quitting altogether or by learning to drink in moderation.

STEP 1

TAKING STOCK

This step helps you to determine:

- ▲ *your current pattern of drinking*
- ▲ *what triggers you to drink too much – we call these your “Activators” of heavy drinking*
- ▲ *the different ways in which alcohol has affected you.*

Our clients consistently rate TAKING STOCK as one of the most important parts of this program. It helps them look at themselves and discover the nature of their drinking habits as well as the effect that their drinking is having on their lives. You can complete this step in one sitting.

To take stock you will need:

- ▲ *The Drink Chart, to help you estimate “standard drinks”*
- ▲ *A calendar with pages for the 12 months*
- ▲ *A pocket calculator, or pencil and paper.*

What is a standard drink?

A standard drink contains a fixed amount of alcohol – about 13 to 14 grams. This drink chart shows common alcoholic beverages. For each one, it shows the amount served and alcohol content that make up one standard drink.

DRINK CHART								
	OR		OR		OR		=	ONE DRINK
43 mL (1½ oz) LIQUOR (40% alcohol)		85 mL (3 oz) FORTIFIED WINE (18% alcohol)		142 mL (5 oz) TABLE WINE (12% alcohol)		341 mL (12 oz) REGULAR BEER (5% alcohol)		

Alcohol concentration in beverages

Regular beer	4.5 to 5.5 %
Table wines	10 to 14 %
	One 750 mL (26 oz.) bottle = five standard drinks
Fortified wines (e.g. sherry, port, vermouth)	14 to 20 %
Liquor (e.g. whisky, rum, gin)	40 %
	375 mL (13 oz.) "mickey" = 9 drinks
	750 mL (26 oz.) bottle = 18 drinks
	1.14 litre (40 oz.) bottle = 27 drinks

Assess your current drinking pattern

Many people underestimate just how much they are really drinking. When our clients began to record their drinking patterns using the method below, they discovered they were drinking more than they thought.

Take your time, and work carefully. These steps will determine your starting point for the program. You want to make sure you are accurate to obtain the best results.

1 WHAT IS MY USUAL DRINKING STYLE?

Which of the following patterns best describes your drinking style in the last 30 days? (You will use this time period – the last month – to assess your drinking.) Indicate by placing a check.

- FREQUENT: I usually drank between four to seven days a week.
- WEEKEND: I mostly drank on days off.
- BINGE: I drank heavily for several days and then for several days I abstained or drank very little.
- OCCASIONAL: I drank on three to four days of the month or less often.

2 MARK "UNUSUAL DAYS"

Examine the previous 30 days of the calendar. Then, highlight all holidays and special days, including celebrations, parties, business trips and sick days. Include any event that affected your usual drinking pattern. If you have any kind of business or work calendar it may help you to be more accurate in your assessment of "unusual days."

3 IDENTIFY "NO DRINKING DAYS"

Put a "0" on the days when you had nothing to drink in the last 30 days. Were there any days when you usually abstained from drinking?

4 IDENTIFY "DAYS OF 10 OR MORE DRINKS"

If you drank at this level, identify these days and record the number of drinks you had each day. If you don't remember the exact number of drinks on a given day, write a '10'. Check your "unusual days" to make sure you don't miss any of these very heavy days.

5 IDENTIFY "DAYS OF 5-9 DRINKS"

If you drank at this level, identify the days on the calendar and write in the number of drinks you typically drank. Was it 5, 6, 7, 8, or 9 drinks?

6 IDENTIFY "DAYS OF 1-4 DRINKS"

These are the remaining days in the calendar. Write in the typical number of drinks you had on these days. Was it 1, 2, 3, or 4 drinks?

Don't worry if you haven't been able to remember every drink you had. But keep in mind that most people underestimate their drinking because they forget how many drinks they had on the heavy drinking days (days of five or more drinks).

My Current Drinking Pattern

Now, using the information you have marked on your calendar, you can record your Current Drinking Pattern and calculate your "Weekly Average."

	NUMBER OF DAYS (A)		TYPICAL DRINKS (B)		TOTALS (A x B)
Days of no drinking	_____				
Days of 1-4 drinks	_____	x	_____	=	_____
Days of 5-9 drinks	_____	x	_____	=	_____
Days of 10 or more drinks	_____	x	_____	=	_____
	(=30 days)				Total drinks _____
					Weekly Average (Total drinks ÷ 4 weeks) _____

If you have trouble filling out the chart, follow these instructions:

1 COLUMN A: "NUMBER OF DAYS"

Under this column write in the number of days you didn't drink any alcohol. Also, using the information you have written on your calendar, write on the chart the number of days on which you had between 1-4 drinks, 5-9 drinks, and 10 or more drinks. Your answers should add up to 30 to match the 30-day period you are using to record your current drinking pattern.

2 COLUMN B: "TYPICAL DAYS"

Again, using the information from your calendar, write in this column the number of drinks you typically had when you drank between 1-4, 5-9 or 10 or more drinks. (As an example, our client Bob wrote "3" in the 1-4 level, "8" in the 5-9 level and "12" in the 10 or more level – see sample chart on page 18.)

3 COLUMN A X B: "TOTALS"

Multiply column A and column B and write the result for each drinking level. Then, add up the three numbers to get your "total drinks" in the last 30 days.

4 Divide your total drinks by 4 to get your Weekly Average. Put that number on the chart.

Is the drinking pattern you just recorded an accurate and valid starting point for this program? Remember, this is the pattern you will be trying to change. Review your numbers to ensure they are accurate.

If the last 30 days do not represent your usual drinking habits, do the exercise again using the month in the past year that best reflects your drinking habits.

Example

Before you go ahead, look at this chart that was completed by Bob, one of our clients. Use it as a guide, to ensure that your chart has been filled out properly.

	NUMBER OF DAYS (A)		TYPICAL DRINKS (B)		TOTALS (A X B)
Days of no drinking	<u>5</u>				
Days of 1-4 drinks	<u>8</u>	x	<u>3</u>	=	<u>24</u>
Days of 5-9 drinks	<u>15</u>	x	<u>8</u>	=	<u>120</u>
Days of 10 or more drinks	<u>2</u>	x	<u>12</u>	=	<u>24</u>
			Total drinks (30 days)		<u>168</u>
			Weekly Average (Total drinks ÷ 4 weeks)		<u>42</u>

Where do I stand?

Canadian Drinkers

Compare your Weekly Average to that of other Canadian drinkers. According to a national survey conducted in 1989 by Health and Welfare Canada:

- 17% of Canadians.....do not drink
- 65%.....have fewer than 7 drinks per week
- 8%.....have between 8 and 14 drinks per week
- 6%.....have between 15 and 28 drinks per week
- 3%.....have more than 28 drinks per week

Our Clients

Now compare your Weekly Average to that of our clients:

- 1978.....51 drinks
- 1985.....35 drinks
- 1990.....31 drinks

As you can see, the average weekly alcohol consumption for clients seeking treatment at our program was at an all-time high in 1978: 51 standard drinks. Over the past few years, however, our clients have been consuming fewer drinks per week on average.

We don't know the exact cause of the decrease. However, it's possible that health awareness programs have gradually made people more aware about the risks of drinking.

In any given year, our clients were still drinking more each week than 97 percent of Canadians. Where does your Weekly Average fit in?

Activators of heavy drinking

This part of TAKING STOCK will help you to recognize the situations that tend to trigger your heavy drinking. We call these situations the "Activators" of heavy drinking. In Section Three – Common Concerns – we explain why. It will be useful for you to review the background material in section three before continuing with your assessment.

Knowing your Activators is essential to achieving your goal. Here are the reasons why:

- ▲ You will be able to anticipate a situation or a feeling that has caused you to drink too much – for instance, feeling lonely on the weekend. Then you can make plans to keep busy and avoid drinking at all or drinking too much.
- ▲ You can figure out ways to stay within your limits in situations where alcohol is available – for instance at parties, at a bar with friends or during business trips.
- ▲ You can decide to avoid situations where you know you will be tempted to drink too much. You can avoid going to events where the pressure to drink is likely to be strong.

The Activators listed on the following pages are those our clients identified most often. These activators fall into three main categories. They trigger:

- 1** Drinking to cope
- 2** Drinking for pleasure
- 3** Drinking out of habit.

You may find this exercise challenging. Be patient and persistent. You will give yourself a very important tool for your success!

My Activators of Heavy Drinking

On page 20 is the list of situations or circumstances that our clients told us encouraged them to drink more than they wanted.

Review the list carefully and check only those situations in which you had too much to drink in the past year, even if it only happened once. For the purpose of this task, “too much” means whatever you believe is too much for you.

I drank to cope with negative feelings:

- When I felt generally low or depressed
- When I was angry at myself or someone else
- When I was bored
- When I was anxious about something
- When I was sad and feeling sorry for myself
- When I was frustrated because things did not go my way
- When I felt guilty about what I had done or not done
- When I felt stressed or tired
- When I felt rejected by someone I cared about
- When I was criticized by my family, friends, or my boss
- When I felt lonely
- Any other negative feelings? _____

I drank to make things easier for myself:

- To help me release anger or frustration
- To help me socialize more comfortably
- To help me talk to strangers
- To help me have sex
- To help me express affection or emotions
- To help me speak up for myself or stand up for myself to others
- To help me get through boring chores or tasks
- To help me get to sleep
- To help me forget about physical pain
- To help me get rid of a hangover

To help me do anything else? _____

Times when I drank too much for pleasure:

- To enjoy the “buzz” or sensation of feeling “high”
- To catch up to the “high” of friends
- At parties
- To enjoy the taste of the drinks
- During special celebrations like weddings or birthdays
- To enjoy family reunions
- With meals
- When something good happened that made me feel like celebrating
- After I did physical exercise
- When enjoying leisure activities such as fishing or playing cards
- When visiting friends or having company at home
- While on holidays
- To reward myself for achieving success or working hard
- Any other drinking for pleasure? _____

Times when I drank too much out of habit:

- As soon as I arrived home from work
- With a particular person or group of people
- After work or school with the same people
- While doing my chores, or at work
- When watching television
- When alcohol was available
- With meals (lunch, dinner)
- Whenever certain people invited me for a drink
- Whenever I was offered a drink
- Any other habitual drinking? _____

Now take a good look at the situations you marked. These situations put you at risk of drinking too much. From now on, you will need to be careful in these situations. To help reach your goal, you will need to develop ways to avoid drinking or heavy drinking in these situations.

Be aware that less frequent events such as a vacation, a business trip, or a conference can present a serious risk to you.

Assess how alcohol has affected you

Our clients tell us that the physical symptoms and problems caused by their drinking motivated them to change their drinking habits. Once they managed to get their drinking under control, their health and quality of life improved.

My Physical Symptoms – in the past year:

These are symptoms you experienced while you were drinking, or immediately after an episode of heavy drinking. Review the list and check the answer that best describes your situation:

FREQUENTLY

– I experienced the symptom almost every week

OCCASIONALLY

– I experienced the symptom once or twice a month or less often

NEVER

– I did not experience the symptom.

	FREQUENTLY	OCCASIONALLY	NEVER
Difficulty in getting to sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waking during the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache or hangover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea, room spinning, dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting, stomach cramps, diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid heart beat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shakiness, unsteady hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rapid heart beat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shakiness, unsteady hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweating, particularly at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor memory (can't remember things)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood or personality changes (irritable, more sociable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling sluggish, without energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have been experiencing any of these symptoms, you will find they will begin to disappear – either immediately or after a few days – as you cut down or abstain.

My Problems of Daily Life – in the past year:

When our clients stop drinking or cut down to moderate levels, they usually report feeling healthier and happier with themselves. Their relationships at home and work tend to improve dramatically.

If you have already gone through a broken marriage or job loss because of your drinking, cutting back or quitting can't undo the damage. But it can help you to prevent these problems from happening again.

How has your drinking affected you in the past year? Here is a list of areas that may have been affected. In the space provided, write what applies in your situation.

Physical Health (e.g. illness or accidents):

Emotional Health (e.g. felt depressed, disgusted with myself):

Important Relationships (e.g. complaints from family, disputes about drinking with family or friends):

Job Performance (e.g. missing work, lower performance, complaints from supervisor, co-workers, union representatives):

Legal (e.g. driving while impaired, whether charged or not; assault, whether charged or not):

Financial (e.g. spending too much on alcohol)

Have you ever calculated how much you spend on alcohol in one year? Most of our clients are shocked to find it amounts to thousands of dollars.

Confirm your commitment

Now that you have taken stock, review these questions carefully:

Is my drinking putting my health at risk? If so, why?

Why should I change my drinking habits now? (List your reasons. If you are unsure, review your answers on physical symptoms and problems of daily life.)

What other priorities do I have that might interfere with my determination to change my drinking habits?

How am I going to keep my goal of quitting or cutting down as one of the most important things I do over the next few months?

Am I going to use this guide, or will I find another way to deal with my drinking?

STEP 2

SETTING YOUR FIRST GOAL AND DISCOVERING HOW YOU COPE WITH TEMPTATION

This step will help you to:

- ▲ *set your first goal*
- ▲ *identify strategies to help you to achieve that goal*
- ▲ *identify how you cope with temptations to drink*
- ▲ *assess your progress after two weeks in the program.*

Most people take about two weeks to complete this step. Think of these two weeks as a period of rapid adjustment. This is usually the period of most dramatic change in the program. Hard work here prepares you for success in the long run.

Ways to quit drinking or cut back

There are different ways to quit drinking or cut down to moderate levels. If you are not yet sure of your ultimate goal, don't worry. The first two weeks of the program will help you to make the right choice. Don't rush into making a decision – it's too important.

Here are the different ways you can quit or cut down:

- ▲ You can cut down gradually until you successfully reach abstinence or a level of moderate drinking
- ▲ You can start drinking moderately or quit drinking altogether from day one of the program, and stick to your decision for good

- ▲ You can abstain from drinking for the first two weeks of the program and then decide whether you want to continue to abstain or become a moderate drinker.

We urge our clients to stop drinking for the first two weeks of the program for several reasons. Two weeks of abstinence are likely to:

- ▲ **Increase Your Chance of Success.** Clients who abstain during the first two weeks of the program are usually more successful in reaching their long-term goals.
- ▲ **Improve your Health.** Clients who abstain for the first two weeks report feeling healthier and more energetic, and say they sleep better.
- ▲ **Improve Your Mental Abilities.** Frequent heavy drinking dulls your ability to think, but your mental abilities will sharpen quickly after two weeks of abstinence. It is important to be clear-headed when you are learning a new pattern of behavior.
- ▲ **Reduce Your Tolerance for Alcohol.** Your tolerance to alcohol is likely to decrease after two weeks of abstinence. With a lower tolerance, drinking at your previous level would be uncomfortable, making it easier for you to cut down.
- ▲ **Help You to Identify Your Best Coping Skills.** If you abstain, you are likely to experience urges or temptations to drink. Dealing with these urges will help you to discover your best ways of coping.

Should you be concerned about abstaining for the first two weeks?

About 50 per cent of our clients are able to abstain completely for the first two weeks. Those who continue to drink do so because they have concerns about:

- ▲ **Special Events** – some clients have birthdays or weddings, or other special events coming up at which they want to have one or two drinks to celebrate
- ▲ **Concerns About Failing** – some clients believe they can only achieve their goal if they take it step by step. They are afraid of failing if their goal seems too ambitious. They prefer to cut down gradually

- ▲ Concerns About Withdrawal Symptoms – others prefer to cut down gradually because they don't want the discomfort of withdrawal symptoms. Usually these clients had been drinking 10 or more drinks every day for at least the last three months. Drinkers with an "early" alcohol problem usually don't drink at this level.

Even if you have not been drinking heavily, you may still experience some mild withdrawal symptoms if you abstain or cut down sharply. These include anxiety, shaky hands, sweating or difficulty sleeping. These symptoms can be uncomfortable, but they don't last very long and are no worse than having the flu.

To help you through this period, it's best if you remain quiet, calm, and have emotional support from a friend or family member. Remember, this is one situation in which the "short-term pain" really gives you "long-term gain."

If you experience severe withdrawal symptoms go to the emergency department of the nearest general hospital. These symptoms include:

- ▲ strong shakes – can't hold a full cup without spilling the contents
- ▲ excessive sweating and feeling very hot
- ▲ desire to vomit after each meal
- ▲ lack of appetite and fear of eating
- ▲ mental confusion – for example, losing track of time and not knowing where you are
- ▲ hallucinations – hearing, seeing or feeling things that aren't there.

Remember, this program is not for people with severe alcohol problems. If you are severely dependent on alcohol, the best thing you can do is seek professional help. If you live in Ontario and want information on programs available in your community, call the nearest office of the Addiction Research Foundation or the central office in Toronto at (416) 595-6000. ARF staff will be able to tell you how to get help.

Setting your first goal

During the next two weeks, I plan to:

- A) Abstain completely from alcohol
- B) Cut down gradually, reducing the amount I drink, or the frequency, or both
- C) Abstain, except at one or two special events where I will drink one or two drinks.

These are the events I plan to attend:

If you chose option (B) or option (C), fill in the blanks with what you consider realistic limits for your alcohol consumption. If you choose to abstain completely, fill in the blanks with "0".

	WEEK 1	WEEK 2
Maximum number of days I will drink	_____ DAYS	_____ DAYS
Maximum number of drinks I will have on any day	_____ DRINKS	_____ DRINKS
Maximum number of drinks I will have each week	_____ DRINKS	_____ DRINKS

Am I confident I can achieve this goal?

If you are fairly confident about achieving your goal, go ahead and try it.

If your confidence is low, rethink the goal and make the limits realistic. For instance, if you are thinking about abstaining but find that two weeks is too long, make a commitment to abstain for one week. When the week is over you can decide about the second week.

If you choose to gradually cut back on your drinking, make sure that the goals you set are realistic but challenging. For instance, in the first week you may lower your daily amount by two or three drinks. In the second week, you could further decrease the number of drinks you have and increase the days of abstinence.

Strategies to achieve your first goal

Keeping Track of your Drinking

Our clients consistently rate this strategy as one of the most important to their progress. Keep a daily record of the days when you drink and when you don't. This diary will give you:

- ▲ a greater sense of self-control
- ▲ a better understanding of situations in which you are tempted to drink over your limit
- ▲ a sense of accomplishment and pride when you can look back on a good record over past weeks and months.

Use the Drinking Diary in the Appendix to make your records. This strategy is an essential part of this program.

Other Useful Strategies

Here are some other things you can do to make it easier to achieve your first goal. Think about which ones will help you.

- ▲ Do not buy alcohol in the next two weeks.
- ▲ Do not keep alcohol at home or within sight.
- ▲ Stock up on your favorite non-alcoholic drinks.
- ▲ Avoid contact with heavy-drinking friends.
- ▲ Seek support from family or friends.
- ▲ Do something else with your time instead of drinking. Find some fun activities you've always wanted to try or do something that gives you a sense of accomplishment.
- ▲ Decide which situations you should avoid.
- ▲ Remind yourself often of why you want to change your drinking habits and how it will improve your life when you succeed.

Now, write down the strategies you will apply to help you achieve your goal. Use information from the list above, or other ideas you have.

Keeping Track of How You Cope with Temptations.

Whether you decided to abstain for the next two weeks, or to cut down on your drinking, you will probably be tempted to drink above the limits you set.

Temptations to drink are triggered by your Activators – the things that make you feel like drinking – and are most likely to happen in situations in which you drank in the past.

Keeping track of these situations can help you in two important ways described below:

- ▲ You can gain greater understanding of your Activators.
- ▲ You can discover how you cope naturally with temptations to drink above your limit. This will allow you to achieve your long-term goal more quickly and with less effort.

Use the Coping Diary in the Appendix to keep a record of how you cope with clear temptations to exceed your goal.

Coping effectively with temptations to drink is a challenge, especially when you are just beginning to break the habit. But remember, each time you cope successfully with a temptation you are weakening your drinking habit and getting closer to your goal.

Examples of Coping with Temptations

The following examples show how to record the relevant information in your Coping Diary. Keep in mind that the best coping responses are the most simple and direct.

Bob watched a hockey game at Sam's house. He was determined to abstain for the week. But when Sam offered him a beer, he was tempted. Bob found himself struggling with a decision.

DETAILS OF MY TEMPTATION		COPING DIARY
Time of day	9:30 PM Place FRIEND'S HOME I was with SAM & GEORGE	
My feelings	RESTLESS AND DEPRIVED	
DETAILS OF MY TEMPTATION		
This is what I said to myself	I PROMISED MYSELF I WOULDN'T DRINK THIS WEEK	
This is what I did to cope	I ASKED SAM FOR A COLA	
This is how I said 'no' when I was invited to drink	I'M NOT DRINKING TODAY	
Did my coping work?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Mary was criticized by her boss at the end of the day. She was upset because she was not given the opportunity to tell her side of what happened. Once at home, she recalled the incident. She became angry and was tempted to have a drink to cope with her feelings.

DETAILS OF MY TEMPTATION		COPING DIARY
Time of day	7:30 PM Place HOME I was with ALONE	
My feelings	ANGRY AND FRUSTRATED	
DETAILS OF MY TEMPTATION		
This is what I said to myself	I SHOULDN'T LET THESE FEELINGS THROW ME OFF BASE - DRINKING WON'T HELP	
This is what I did to cope	I WROTE A LIST OF COUNTER ARGUMENTS AND CALLED A FRIEND FOR ADVICE	
This is how I said 'no' when I was invited to drink		
Did my coping work?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Tom decided to have no more than two drinks at the party. He watched himself carefully, and by the end of the evening he had reached his limit. Shortly after, Tom and other friends “caught their second wind” and started to party all over again. Everyone was drinking and Tom felt a strong urge to have another drink and join in the fun.

DETAILS OF MY TEMPTATION		COPING DIARY	
Time of day <u>12:30 PM</u>	Place <u>FRIEND'S</u>		I was with <u>GROUP OF FRIENDS</u>
My feelings <u>ENERGETIC - IN A PARTY MOOD</u>			
<hr/>			
DETAILS OF MY TEMPTATION		COPING DIARY	
This is what I said to myself <u>I'VE BEEN GOOD ALL NIGHT - I CAN HANDLE ONE MORE DRINK</u>			
This is what I did to cope <u>NOTHING - I ENDED UP HAVING TOO MANY</u>			
This is how I said 'no' when I was invited to drink <u>NOTHING - I JUST TOOK THE DRINKS</u>			
Did my coping work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Jane was trying to break her habit of drinking before dinner. She got home from a rough day at work after being stuck in traffic for almost two hours. She found herself thinking about having a drink to relax and unwind.

DETAILS OF MY TEMPTATION		COPING DIARY	
Time of day <u>6:00 PM</u>	Place <u>HOME</u>		I was with <u>ALONE</u>
My feelings <u>FRUSTRATED AND TENSE</u>			
<hr/>			
DETAILS OF MY TEMPTATION		COPING DIARY	
This is what I said to myself <u>DO I REALLY NEED A DRINK TO UNWIND</u>			
This is what I did to cope <u>WENT FOR A BRISK WALK</u>			
This is how I said 'no' when I was invited to drink _____			
Did my coping work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

I Have Discovered I can Say "NO" to Temptations!

Keep track of the effective ways you have found to cope with temptations to drink over your set limit.

These were the best ways of saying "NO" to myself when I was tempted to drink over my goal:

These were my best ways of saying "NO" to others when they invited me to drink:

These were things I did to help me avoid drinking or heavy drinking:

Evaluate your Progress After About Two Weeks

If you have been abstinent for the past two weeks, or have cut down a lot, you are probably ready to decide about your long-term goal. Proceed to Step 3.

However, if by the end of the second or third week you have not been able to cut back your drinking significantly, there are three probable explanations:

- 1** You may not be fully determined to change your drinking habits. Reconsider your reasons. Look again at the section on Taking Stock (Step 1).
- 2** You may not have put enough time and effort into achieving your goal. Think again about the priority you are willing to give to changing your drinking. Did you work at it every day?
- 3** Your drinking problem may be more severe than you thought.

If you think your problem is more severe than you had anticipated, you may need more help than this program can offer. We advise you to seek professional help.

STEP 3

SETTING YOUR LONG-TERM GOAL

This step will help you to:

- ▲ *choose your long-term goal and the best way to achieve it*
- ▲ *specify your limits for drinking (if you choose moderation), using the guidelines for “moderate drinking.”*

Remember, the overall objective of this program is to help you avoid problems from drinking. You can achieve this goal by abstaining altogether or by learning to drink in moderation.

Pros and cons of abstinence and moderation

Doing this exercise can give you a sense of why some people favor abstinence, and why some people prefer to cut down. You probably have your own list of pros and cons. Consider them as well.

Abstinence

PROS

- is likely to be supported by family or friends who were hurt by your drinking
- makes sense if your main reason for drinking was to get intoxicated
- saves you all costs of alcoholic beverages
- you avoid risks from drinking

CONS

- may mean “standing out” in a group of drinkers
- may be seen by others as indicating “poor control” over drinking
- restricts your range of beverages

Moderation

PROS

- may make it easier to “fit in” with social drinkers
- indicates self-control over drinking
- you can still enjoy drinks

CONS

- drinking at any level has some risk
- means measuring, counting, recording drinks
- may make friends or family concerned because of past problems

Before you make your long-term choice, think about the pros and cons of each goal and review the guidelines for Moderate Drinking below. Make a note about any other factors you think apply to your situation.

Notes: _____

What is moderate drinking?

It is being able to drink at a level that does not interfere with your health, your relationships, your responsibilities. It is also drinking at a level that does not endanger yourself or others. Clients who become moderate drinkers follow these guidelines. They:

- ▲ do not drink daily
- ▲ do not drink more than four standard drinks per day (if male) or more than three drinks (if female)
- ▲ do not drink more than 12 standard drinks per week
- ▲ do not drink to cope with their problems
- ▲ do not make alcohol an important part of recreation activities
- ▲ do not drink when driving, boating, swimming, or doing any task that might endanger lives if done improperly.

Setting your long-term goal

If you were successful in abstaining for the first two weeks, or you achieved your goals of reducing your drinking, you are probably ready to set your long-term goal. Remember, the decision you make now is not carved in stone. As you progress you may decide to change or adjust your goal. However any changes should be made only after careful thought – not on the spur of the moment.

Check your Option:

ABSTINENCE

If you chose to stop drinking altogether and you are no longer drinking, proceed to Steps 4 and 5. SAYING WHEN will show you ways to help you maintain your abstinence.

MODERATION

If you chose to become a moderate drinker and did not abstain during the first two weeks, but you have been cutting down, you may want to reduce your drinking even more before you set your long-term goal. If you abstained, or feel ready to specify your goal, do it now.

If you chose moderation, specify your goal.

It is best if you stay within the levels adopted by successful moderate drinkers as explained earlier (on page 37). Specify your goal in the following ways:

Maximum number of days I will drink in any week _____ DAYS

Maximum number of drinks I will take on any day _____ DRINKS

Maximum number of drinks I will have each week _____ DRINKS

Beverages I will drink _____

RISKY SITUATIONS

What are the situations in which I may be tempted to go over my set limits? (Review your Activators and remember that any kind of drinking to cope is risky.)

OKAY SITUATIONS

What are the situations in which I know I could drink for pleasure, to enjoy the taste, enhance meals, or just to socialize? (Make sure that these are situations in which you can manage your drinking without getting carried away.)

I will assess whether this goal suits my lifestyle for _____ WEEKS

CHECK YOUR CONFIDENCE

Are you confident you will be able to stay within the limits of your goal? If you are not sure you can meet your goal, adjust it to a level you feel more comfortable with.

Becoming a moderate drinker in a way that suits your lifestyle may take time and some experimentation. Keep adjusting your goal to minimize the risk of problems. Remember, moderation means a good blend of days when you abstain, and days when you drink within the guidelines.

Examples of setting long term goals

The following are examples of goals that successful moderate drinkers have set:

REGULAR MODERATE DRINKER

Maximum number of days I will drink in any week 3 DAYS

Maximum number of drinks I will take on any day 4 DRINKS

Maximum number of drinks I will have each week 10 DRINKS

RISKY SITUATIONS

TO COPE WITH BOREDOM

TO PLEASE FRIENDS AT PARTIES

TO HELP ME SLEEP

OKAY SITUATIONS

WITH SPECIAL MEALS
WHEN SOCIALIZING

REGULAR LIGHT DRINKER

Maximum number of days I will drink in any week 2 DAYS

Maximum number of drinks I will take on any day 5 DRINKS

Maximum number of drinks I will have each week 10 DRINKS

RISKY SITUATIONS

TO COPE WITH FRUSTRATIONS
TO UNWIND FROM WORK
TO FEEL MORE AT EASE WITH PEOPLE

OKAY SITUATIONS

WITH MEALS
WHEN VISITING FRIENDS

OCCASIONAL LIGHT DRINKER

Maximum number of days I will drink in any week 3 DAYS

Maximum number of drinks I will take on any day 2 DRINKS

Maximum number of drinks I will have each week 5 DRINKS

RISKY SITUATIONS

TO ASSERT MYSELF WITH PEOPLE
TO GET HIGH
WHEN I'M ALONE

OKAY SITUATIONS

SPECIAL CELEBRATIONS

SPECIAL OUTINGS

STEP 4

DEVELOPING STRATEGIES TO REACH ABSTINENCE OR MODERATION

Consider the five strategies our clients find most useful in dealing with their drinking. These strategies can help you achieve your goal.

- ▲ *Keep track of your drinking*
- ▲ *Pace your drinking*
- ▲ *Plan ahead to avoid heavy drinking*
- ▲ *Develop leisure and other free-time activities*
- ▲ *Find ways to cope with problems without drinking.*

You can develop your own effective program based on these five strategies over the next four to six weeks. During this time you will find out which strategies suit you and can help you to maintain your progress over the long term.

Keeping track of your drinking

As we've said, keeping a daily record of your drinking and days of abstinence is the strategy our clients rate as "most helpful."

Our research shows that clients who record their drinking every day for at least three months are more successful in reaching and maintaining their goal than clients who keep records only briefly.

In Step 2, you learned how to use the Drinking Diary. Please remember to update your records every day. If you leave it to memory, your records will be less accurate.

Keeping a daily record of your drinking and non-drinking days keeps you focused on your goal.

Example

These records belong to a client who abstained for the first two weeks of the program. He then chose a goal of moderation. According to his records, he exceeded his maximum quantity by one drink on Saturday of Week 3. In Week 4, he drank on one day more than he had intended. Feedback from these records helped him to stay on track over the following weeks.

MY GOAL FOR WEEK # <u>3</u>								MAX # OF DRINKS PER DAY <u>4</u>	
*FORT. WINE (e.g. sherry, port, vermouth)								MAX # OF DRINKING DAYS THIS WEEK <u>3</u>	
								MAX # OF DRINKS THIS WEEK <u>12</u>	
DRINKING DIARY	# OF 12 OZ BOTTLES BEER	M	T	W	T	F	S	S	TOTAL # OF DRINKS THIS WEEK ∇
	# OF 5 OZ GLASSES WINE	0	2	0	1	0	2	0	
	# OF 3 OZ GLASSES *FORT. WINE	0	0	0	0	0	1	0	
	# OF 1 1/2 OZ SHOTS LIQUOR	0	0	0	0	0	0	0	
	TOTAL DRINKS PER DAY	0	2	0	3	0	5	0	

MY GOAL FOR WEEK # <u>4</u>								MAX # OF DRINKS PER DAY <u>4</u>	
*FORT. WINE (e.g. sherry, port, vermouth)								MAX # OF DRINKING DAYS THIS WEEK <u>3</u>	
								MAX # OF DRINKS THIS WEEK <u>10</u>	
DRINKING DIARY	# OF 12 OZ BOTTLES BEER	M	T	W	T	F	S	S	TOTAL # OF DRINKS THIS WEEK ∇
	# OF 5 OZ GLASSES WINE	0	0	2	2	0	1	2	
	# OF 3 OZ GLASSES *FORT. WINE	0	0	0	0	0	1	0	
	# OF 1 1/2 OZ SHOTS LIQUOR	0	0	0	0	0	0	0	
	TOTAL DRINKS PER DAY	0	0	2	3	0	4	2	

Pacing Your Drinking – a must if your goal is moderation.

This means being aware of how much you are drinking and how quickly. If you start to feel the “buzz,” be on guard, because the normal tendency is to relax and begin to ignore your goal.

Practise these strategies to help you “keep your wits about you” when you drink:

- ▲ Measure all of your drinks
- ▲ Dilute your drinks (to lower the concentration of alcohol). Some people use 1/2 a drink at a time, well-diluted (for instance, a “spritzer”)
- ▲ Sip your drinks, don’t gulp
- ▲ Allow at least one hour between drinks
- ▲ Alternate alcoholic and non-alcoholic beverages
- ▲ Avoid drinking without having some food
- ▲ Avoid cocktails that contain more than one alcoholic beverage.

Successful moderate drinkers often switch to beverages with lower alcohol concentrations, such as light beer or light wine. You may want to adopt this strategy. Here are some examples of how much less you would be drinking:

- ▲ light beer (4 per cent alcohol) has 20 per cent less alcohol than regular beer
- ▲ extra light beer (2.5 per cent) has only half the alcohol of regular beer
- ▲ light wine (7 per cent) has 40 per cent less alcohol than regular 12 per cent wine
- ▲ A one-ounce shot of liquor has 33 per cent less alcohol than a standard drink.

My Pacing Strategies

These are strategies I plan to use to pace my drinking:

Planning ahead to avoid heavy drinking

In situations where alcohol is readily available, many people find it tough to stick to their intended limit. This is also true in situations when they are pressured to drink.

When you are beginning to abstain or to drink in moderation, you need to plan in advance how you are going to deal with the pressure in social situations. Plan to protect yourself before you attend.

Before Going to a Social Event, You Should Always:

- ▲ Decide whether you will drink at all
- ▲ Plan effective ways of saying “No” to yourself and “No” to others – you may want to use different approaches, one for people you know and another for those you have just met.

Other Strategies You May Consider:

- ▲ Ask someone you trust to help you stay on target. He or she may help you by giving you “half” drinks or non-drinks, or by reminding you of your limit
- ▲ Find a simple way to keep an accurate count of the drinks you consume. Some clients move a coin from one pocket to another for each drink
- ▲ Be ready to use a good excuse to get you off the hook. For instance, “No thanks, I’m driving” or “I’m not drinking tonight.”

Learn to say “NO” to people who invite you to have a drink. It can be tough, especially when they insist. But you can say “NO.” Be persistent.

Situations in Which I Need to Plan Ahead

Record situations that put you at risk of drinking too much. Write down how you plan to stay within your limit.

SITUATION A: _____

My Plan: _____

SITUATION B: _____

My Plan: _____

SITUATION C: _____

My Plan: _____

SITUATION D: _____

My Plan: _____

Examples:

Consider how our clients Lynn and Ron prepared themselves for situations in which they previously had too much to drink.

Lynn decided to go to the company party. She knew that an alcoholic punch would be served along with other beverages. She also knew co-workers who sometimes drank too much would probably pressure her

to drink. At previous company parties, Lynn had made a fool of herself by drinking too much. She decided she wouldn't let it happen again.

SITUATION: COMPANY PARTY

Lynn's Plan: AVOID THE PUNCH - ONLY DRINK WHAT I CAN MEASURE. HAVE SOFT DRINKS TILL I GET A FEEL FOR THE PARTY. STAY NO MORE THAN 3 HOURS. IF OFFERED A DRINK ASK FOR TONIC. HAVE BOYFRIEND PICK ME UP.

Lynn left the party as planned, feeling proud of herself.

Ron had to travel almost every week on business, often overseas. He was at risk of drinking heavily when he travelled alone. Usually he would start drinking before departure at the airport, and would continue during the flight and upon arrival at his hotel room.

SITUATION: BUSINESS TRIP

My Plan: MAKE BUSINESS CALLS FROM AIRPORT LOUNGE. ONLY DRINK JUICE ON THE PLANE. BRING CLOTHES TO WORK OUT IN OR SWIM AT THE HOTEL.

After this plan was put into action, Ron found that his business trips cost less and were more productive.

Developing leisure and other free-time activities

Clients who successfully learn to abstain or to moderate their drinking make a deliberate effort to replace the hours they spent drinking with other activities. See Leisure and Free Time Activities on page 48.

What are some alternative activities to drinking?

- ▲ Doing things that give you pleasure. You may like to go to movies, exercise, play a sport or make crafts. You can visit friends who do not encourage heavy drinking.
- ▲ Doing things that give you a sense of accomplishment and pride. You may like to help your children with their homework, do volunteer work, catch up with household chores, go shopping or do some gardening.

Often the things that give a sense of accomplishment also give you a sense of pleasure.

My Leisure and Free-Time Activities

Record activities you think you would enjoy doing consistently during time you usually spent drinking. Make a complete list and think about the leisure time you have during work days and non-work days.

Overcoming a habit of heavy drinking may require major changes in your lifestyle. If you have difficulty developing enjoyable activities to replace your drinking hours, get help from a qualified counsellor.

Examples:

Joe broke the habit of having a drink as soon as he arrived home from work by:

- ▲ taking his dog for a walk
- ▲ spending time with his kids, or
- ▲ helping with dinner.

He also thought he would have time to do woodwork in his workshop, but he found that by the time he changed his clothes and got set up, he would only have 10 or 15 minutes before dinner was ready.

Kate used to drink at home by herself, usually on Friday nights and on Saturdays starting at noon. Mostly, she drank out of boredom – even though she could have called up friends to go out. To break the habit of drinking on weekends, this is what Kate decided:

- ▲ She would call a friend early in the week to arrange a date for dinner or a movie
- ▲ If nobody was available, she would go shopping on her own
- ▲ On Saturdays she would visit her parents, or take tennis lessons at the local community centre.

In the past, Kate had enjoyed skiing. She decided to join a fitness club, using the money she had saved by not drinking. That way, she could get herself in shape to hit the ski slopes again.

Coping with problems without drinking

Problems of daily life can upset your plan to abstain or drink moderately. These problems can range from minor irritations, such as missing the bus, to personal catastrophes such as the death of a loved one, a serious illness, a divorce, or the loss of your job. Our clients often found that problems that threatened their progress involved:

- ▲ ongoing conflicts with another person, and
- ▲ experiencing negative feelings.

Because you cannot predict the specific problems you will have, or when they will occur, it is wise to have a strategy to tackle each problem as it comes along.

The problem-solving strategy in this guide will help you to develop two basic ways of coping – coping by thinking and coping by acting. This is how each one works:

Coping by Acting can help you change a bad situation into a better one. Coping by acting is very useful when you have problems with other people. By changing your usual approach, you can make the other person react more positively.

Coping by Thinking can help you to make painful situations more tolerable. This way of coping is especially useful when there is little or nothing you can do to change a situation (for example, the death of a loved one). Although you cannot change these situations directly, you can always change the way you think about them.

Coping by thinking does not mean “fooling yourself” or denying that a situation is serious or dangerous. It means studying it from different angles to check: (1) if the way you think about it is accurate and (2) if your feelings are a natural reaction to the situation, or if you are over-reacting.

No one likes to experience negative feelings, but often they follow naturally from things that happen to us. It’s normal to grieve when a loved one dies, or feel angry or frustrated after being laid off from work. Sometimes, however, we get really upset about things and blow them out of proportion. Whether or not the emotional reaction is valid, drinking to cope with problems is never effective in the long run.

General problem solving strategy

This strategy offers a method to approach problems of daily life in a systematic way. These are the five steps:

1 Identify the Problem. Try to recognize the key elements of the situation that troubles you. Ask yourself:

- ▲ What are my feelings about the situation?
- ▲ What are my thoughts about the situation?
- ▲ How do I usually handle it?
- ▲ What are the consequences of my actions?

2 Consider New Approaches. Think of other ways to handle the situation. At this point, don’t worry about how sensible or practical they are, but consider:

- ▲ **New Ways of Thinking.** What you think affects what you do. When you are upset, your thinking may be rigid, negative, and self-defeating. This kind of thinking usually leads to ineffective coping. Consider different ways of looking at the situation. Usually there is more than one reasonable way of thinking about the same situation.

- ▲ **New Ways of Acting.** In order to turn a bad situation into a good one, it is important to put your usual approach on hold and try new approaches. Find as many options as you can, even if at first glance they seem unrealistic.

3 Select the Most Promising Approach. After you have thought of the different options to solving a problem, select the most promising one. Think about how you would use this approach and how effective it would be. Ask yourself:

- ▲ Is this approach going to have positive results? If so, why?
- ▲ Is the approach practical and realistic?

4 Assess whether your new approach worked. Before you try your new approach, rehearse it in your mind. Imagine yourself in the situation. If possible, act it out in private. Then try it out at the appropriate time. To assess whether your approach worked, ask yourself:

- ▲ Did I get the positive results I wanted?
- ▲ Could I have done something else to make my approach more effective?

If your approach did not work, or you were unable to put it into practice, don't give up. Try another one. There is always more than one solution to a problem.

The following examples illustrate the use of this problem-solving strategy:

Example 1

Marital Conflict

Our client was a 30-year-old computer expert who came to the program because his drinking was interfering with his work. He had been married three years. Shortly after his marriage, he and his wife had agreed to open a combined savings account for the purchase of a house.

IDENTIFYING THE PROBLEM: The client's wife was giving lump sums of money to her sister from their joint savings account, without consulting him. When he found out he felt very angry, and thought she had no right to take money from their joint account to help her sister without discussing it openly with him. To cope with his anger, he started drinking. After three or four drinks he would become verbally abusive, and drink

until he was drunk. Then his wife wouldn't talk to him for several days. He felt guilty.

CONSIDERING NEW APPROACHES: When we asked: "Are there any other ways in which you can think about your wife's behavior?" He said: "Probably she goes behind my back because she knows that I dislike her sister. She may be afraid that I may say no. She comes from a family where they like to help each other."

When we asked him about other ways to handle the situation, he considered three different ways of discussing it with his wife:

1 "What bothers me is not that you help your sister, but that you do it behind my back"

2 "Why don't you keep a specific sum to spend as you wish"

3 "Maybe we should think about keeping separate saving accounts."

He also thought that he could walk out of the house to cool off, instead of pouring himself a drink.

SELECTING THE MOST PROMISING APPROACH: After weighing the consequences of each option, the client decided to talk to his wife, using options (1) and (2) above.

ASSESSING WHETHER THE NEW APPROACH WORKED: The client was able to discuss the situation with his wife, as he had planned. They agreed that she would keep one-third of her salary to spend as she pleased.

Example 2

Temptation to Give Up

Another client was a 39-year-old woman who worked at the stock exchange. She drank heavily almost every weekend to cope with the pressures of her job and of raising three young children. She came to the program because her drinking was affecting her health. When she completed the program, she had successfully achieved her goal of abstinence. But after three months of not drinking at all, she went on a very heavy drinking binge. She made an appointment with her counsellor at the program because she was having doubts about herself and her success. She really didn't want to drink because of her health problems.

In considering her problem with binge drinking, she realized that the stress of her work had prompted her to drink as she had in the past. She felt guilty and ashamed, and began to have serious doubts about being able to maintain her goal of abstinence. She thought, "I will never make it. I am a failure. I'm not sure it is worth struggling so hard."

When we explored whether her negative thoughts were based in reality, she agreed that they were inaccurate and self-defeating. She was encouraged to see her binge drinking episode in a more positive light. She realized that “one slip doesn’t make me a failure. I can make it. I shouldn’t be so hard on myself because of one slip.” To cope with the pressures from work and home – without resorting to drinking – she decided to join a fitness club and plan outings with her children on weekends.

PRACTISE PROBLEM-SOLVING

Here are some scenarios often faced by people who are trying to quit or cut back on their drinking.

Some will apply to you more directly than others. Go through the steps of the problem-solving strategy and figure out how you would cope in each of the situations without drinking or over-drinking.

1 Imagine that you had a fight or disagreement with your spouse, your friend or your boss. This person accused you of not “pulling your weight,” and took off without giving you the chance to discuss the situation. You thought the accusation was unjust. You became angry and were tempted to drink.

How would you cope without drinking? Think about:

- ▲ different ways to look at the situation and your emotional response to it
- ▲ different ways to approach the person who made the accusation and to deal with the situation and resolve it – what would you say or do?

Which options seem best?

2 Imagine that you are at a party. You are enjoying yourself, and no one is pressuring you to drink. Early in the evening, you find that you have reached your planned drinking limit. You do not want to leave, so you begin to make excuses to yourself to drink more.

- ▲ How would you cope, without leaving the situation or over-drinking?
- ▲ What would you say to yourself to counteract your excuses?
- ▲ What would you do to avoid drinking too much?

3 Imagine that you are at a social function, and that your goal is abstinence. You see that most people around you are drinking, and they seem to be enjoying themselves. Your host approaches you several times to offer you a drink.

- ▲ How would you refuse the offers without feeling uncomfortable?
- ▲ What would you do to avoid offers from your host and other guests?

4 Imagine that you are 50 years old. You gave up a successful business to work for a well-established company. After several years of service, however, the company has gone broke; you have been laid off. At the time, you had been moderating your drinking successfully for one year.

When the bad news comes you are shocked. You feel powerless, depressed, uncertain about the future. You begin to drink to cope with these feelings. You constantly have negative thoughts: "I will never be able to find another job like this one" or "Nobody will hire me again" or "I'm too old – I don't have the energy to go back to my old business." You worry that your spouse and your children will think you are incompetent.

- ▲ What would you say to yourself to avoid drinking and to put yourself in a more positive frame of mind?
- ▲ How would you go about looking at new job options?

DECISION POINT

If you have not been drinking at all, or you have been moderating your drinking consistently for at least four weeks since you set your longer-term goal, CONGRATULATIONS!

Now you are ready to go to Step 5, which will give you the skills to maintain your goal.

However, if by the end of four to six weeks you have not consistently stayed within the limits you set, you should take some time to figure out why. Consider the following:

- ▲ Perhaps you should develop some additional strategies for the situations in which you did not meet your goal.
- ▲ Perhaps your problem is more serious than you thought.

- ▲ Perhaps you are not giving a high enough priority to this program as a way to moderate your drinking or abstain. Reassess why you want to change your drinking habits. Do you still see it as a very important goal in your life and one you want to accomplish at this time?

If you have closely followed the instructions in this guide, and it has not helped you to abstain or to develop a pattern of moderate drinking, think about seeing a professional. You may need more help than this guide can offer.

STEP 5

MAINTAINING YOUR PROGRESS

In this section we describe strategies that can help you to maintain abstinence or moderate drinking.

Proceed with this step, if:

- ▲ *you have reached your long-term goal*
- ▲ *you are confident that the goal you have reached is the goal you want to maintain.*

To maintain your goal, you need to continue with the strategies you developed and practised in Step 4. You need to practise these strategies until they become automatic or “second nature.” This process usually takes several months.

Strategies for maintaining your long-term goal

Strategies I Have Already Learned

KEEPING MY DRINK DIARY

We urge you to continue to keep track of your drinking and abstinent days. Don't be tempted to give up keeping records after a few weeks. Remember, clients who keep records for several months tend to be much more successful in the long run. An accurate daily record is the best measure of your progress.

If you think you can stop monitoring your drinking and still stay within your limit, it is wise to keep track from time to time. This random check will confirm whether you are meeting your goal.

PACING MY DRINKING

If your goal is moderation, keep your wits about you: pace your drinking to avoid drinking too much. Do not forget to measure your drinks, try to dilute them and drink them slowly.

PLANNING AHEAD TO AVOID DRINKING MORE THAN MY LIMIT

Preparation is the key here. Remember, it is unwise to “play it by ear” when it comes to your own use of alcohol.

DEVELOPING LEISURE ACTIVITIES THAT DO NOT INVOLVE DRINKING

You need to make a deliberate effort to replace the time you spent drinking with other enjoyable and rewarding activities. Make drinking a secondary activity in your life.

COPING WITH MY PROBLEMS WITHOUT DRINKING

Use the problem-solving strategy as soon as you face a problem to help you overcome the negative feelings without drinking. Don’t let your problems pile up.

RULE: Alcohol should not be used to cope with problems. If you experience problems that threaten your goal of moderate drinking or abstinence, try to find a positive solution as soon as possible. Do not let negative feelings build up. They can reactivate heavy drinking. If you feel you cannot tackle a problem on your own, seek help from family or friends, or from a professional.

More Strategies to Maintain Your Progress**DEALING WITH SLIPS RIGHT AWAY**

Occasional slips – when you do not meet your goal, when you drink too much – are not uncommon. Some clients get discouraged after a single slip and abandon their goal. They may think, “It’s useless to try” or “I’ll never beat this problem.” Don’t use these negative feelings as an excuse to give up. If you drink too much, learn from your experience. Take a fresh look at your coping strategies and your goal.

GIVE YOURSELF REGULAR CHECKUPS

Our clients review their progress every three months.

Since you are working on your own, you will have to do your own follow-up. Set dates at three-month intervals over the next nine months to check your own progress. Make a note in your calendar, or wherever you record your appointments.

The date of my first checkup is _____

The date of my second checkup is _____

The date of my third checkup is _____

At each checkup, try to be objective about your progress. Ask yourself:

- 1** How much have I been drinking?
- 2** Has my drinking interfered in any way with my health or my responsibilities? If so, how should I adjust my goal to minimize risks?
- 3** Have I found enough activities that I find rewarding and enjoyable that do not involve drinking?
- 4** Am I coping effectively with temptations to drink once I've reached my limit? What are my best strategies?

We have included four Checkup Forms in the Appendix to help you keep track of the relevant information.

*This completes the instructional part of the program. CONGRATULATIONS!
Remember to keep your records and review your progress regularly.*

SECTION THREE

COMMON CONCERNS

In this section we answer five questions our clients often ask. Our responses take into account the most recent research evidence.

What is alcohol?

How much is too much?

Is alcoholism an inherited disease?

How do drinking habits develop?

How do people deal with drinking problems?

You don't need to read this section to start the program, but you should do so before completing it. We hope it will give you a better understanding of alcohol, how it affects you, and how this program aims to help you.

WHAT IS ALCOHOL?

Alcohol is a drug that is naturally produced from the fermentation of fruits, vegetables or grains. There are many types of alcohol but the alcohol you find in drinks is ethyl alcohol or ethanol. We simply call it "alcohol." Alcohol has no real taste or smell. The tastes and smells of alcoholic beverages come from their food ingredients and added flavors.

Alcoholic beverages contain various concentrations of alcohol. Liquor has about 40 per cent, fortified wines such as sherry and vermouth have about 20 per cent, table wines vary between 10 and 14 per cent, and regular beer has about 5 per cent. Because of these differences, the volume of drinks sold in restaurants or bars is adjusted to provide a uniform amount of alcohol per serving. These uniform measures are called "standard drinks."

In Canada, one standard drink is:

340 mL (12 oz.).....	of regular beer
142 mL (5 oz.).....	of table wine
85 mL (3 oz.).....	of fortified wine
43 mL (1.5 oz.).....	of liquor

Remember, a standard drink is a standard drink, regardless of whether it comes in beer, wine, or liquor. What affects you is not the type of beverage, but the amount of alcohol in your drink.

What kind of drug is alcohol?

Some people believe that alcohol is a stimulant, since after a few drinks they become less inhibited and more talkative. In fact, alcohol is a depressant. It slows down the activity in your brain. This affects your mood and your ability to think and act.

Generally, one to two standard drinks will make you feel mildly relaxed. This relaxed feeling is particularly appealing in social gatherings, or when you want to unwind from a hard day's work.

But when you drink too much, especially if you drink fast (more than one drink per hour), the depressant effects of alcohol increase. You may slur your speech, have trouble walking, become confused, begin to act recklessly and do embarrassing things. If you drink a lot in a short

period of time – for example, 10 to 15 drinks in one hour – you could go into a coma or even die. The bottom line is that drinking too much, or too quickly, is dangerous to your health and well-being.

But it is not just how much or how quickly you drink that has a direct bearing on how alcohol affects you. There are many other factors that are as important, for example:

- ▲ your age and sex
- ▲ your body weight
- ▲ your tolerance to alcohol
- ▲ the time of day
- ▲ whether you are drinking on a full or empty stomach
- ▲ whether you are tired
- ▲ whether you are taking other drugs or medications.

The effect alcohol has on you is determined by the combination of these factors. Therefore, it is difficult to predict how alcohol will affect you at any given time.

How does your body get rid of alcohol?

Alcohol moves very quickly from your stomach into the bloodstream. The blood then transports the alcohol to all regions of the body that have a high water content. These areas include your liver, brain, heart, lungs, pancreas, kidneys, spleen, reproductive organs, muscles, bone marrow, and skin. The liver is responsible for breaking down the alcohol so that your body can get rid of it. It can take up to two hours for a healthy liver to break down one standard drink.

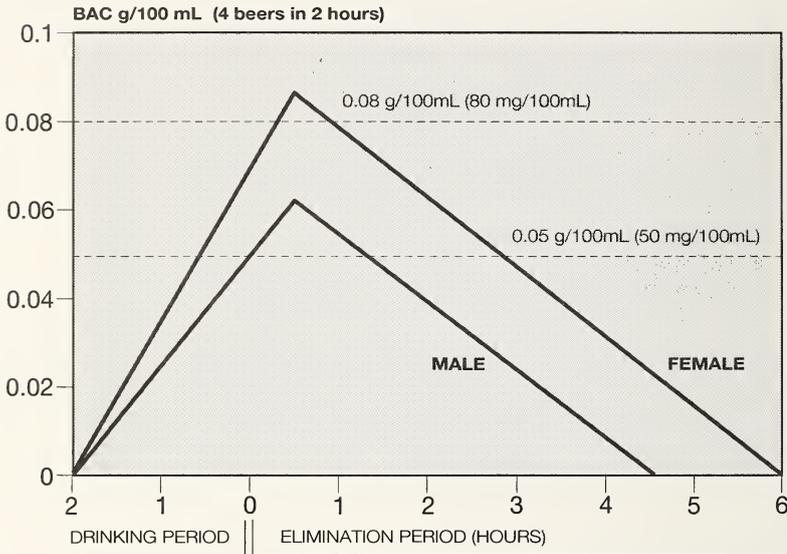
The percentage of alcohol present in your blood is known as “blood alcohol concentration,” or BAC for short. Your BAC and level of intoxication will rise depending on how much and how fast you drink.

If you are a woman, you are likely to reach a higher BAC than a man after drinking the same amount of alcohol. That’s because a woman’s body has less water and more body fat than a man’s – there is more water in a man’s body to dissolve the alcohol.

The chart below shows the BACs of a man and a woman of average height and weight who have both consumed four beers in two hours. The woman has a higher BAC than the man. Also, it takes the woman longer to eliminate the alcohol – six hours compared to about four hours for the man.

Blood Alcohol Concentration (BAC)

COMPARISON OF MALE AND FEMALE (SAME HEIGHT, WEIGHT AND DRINKS)



It is important for both men and women to be aware of the BAC levels that put them over the legal limit for driving. In Ontario, drivers caught with a BAC of 50mg/100mL can have their licence suspended for 24 hours. At a BAC over 80mg/100mL, a driver is charged with impaired driving – a criminal offence.

Keep in mind that the only way to reduce your BAC level is to stop drinking or to pace yourself. Your body needs time to eliminate the alcohol.

Is alcohol fattening?

If you are concerned about your weight or your diet, consider this: alcohol has many calories and no nutrients. The alcohol in one standard drink has about 100 calories. When you add a mix other than water, you are adding more calories. So whenever you drink, remember that you are consuming a lot of “empty” calories that have no nutritional value.

Is it dangerous to mix alcohol with other drugs?

Alcohol interacts with many drugs including antidepressants, stimulants and common medications. Even small amounts of alcohol combined with one of these drugs can severely affect your physical and mental abilities. Therefore, the best advice is: DON'T MIX.

Combining alcohol with another depressant such as a sleeping pill or a tranquillizer may create a "synergistic" effect – both drugs will be magnified and you may feel very intoxicated or even pass out.

Using stimulants such as caffeine, cocaine and amphetamines after you have been drinking may make you wide awake and more hyperactive while you remain drunk. This may fool you into believing you are sober. The truth is you are NOT sober. The popular belief that drinking strong coffee will sober you up is a myth – it's not true.

Some medicines are less effective if you take them together with alcohol. Other medications if mixed with alcohol can cause side effects such as cramps, vomiting, and headaches.

If you are using any prescription medications, check with your doctor or your pharmacist about whether you should avoid drinking alcohol while taking the medicine.

HOW MUCH IS TOO MUCH?

“Too much” is any drinking that interferes with your health, your relationships, your job or other responsibilities. It is also any drinking that threatens your safety and the safety of others.

But this question can be better answered if you ask:

▲ *How much is too much for one occasion?*

▲ *How much is too much over a long period of time?*

Drinking too much on one occasion

There is no hard and fast rule about how much is too much on one occasion. It depends not only on the amount you drink and how quickly, but on the circumstances. For instance, it could be dangerous to drink any alcohol before you drive or operate heavy machinery, or while you take care of children. On the other hand, at a family reunion in your home you could have several drinks without experiencing any problem.

Drinking too much on one occasion can have many negative consequences. Some of them don't last too long, such as a hangover or other unpleasant physical symptoms. But these symptoms can interfere with your responsibilities, or with your safety or the safety of others. If you turn to page 68 you will find a list of the symptoms our clients experienced after drinking too much.

Other more serious consequences such as traumatic injuries happen when people are still under the influence of alcohol. Remember, a high blood alcohol concentration means you are likely to have poor coordination, poor judgment and drowsiness. This puts you at greater risk of accidents and other serious problems that can occur quickly, and with devastating impact.

Drinking frequently over a long period of time.

Drinking frequently over a long period of time also causes a wide range of problems. One of the most serious is dependence on alcohol. Gradually, the cumulative effects of alcohol take their toll. For example, your liver can be damaged by heavy drinking. But it may take months or years before problems related to your drinking become apparent to you.

Research shows that an average of more than four drinks a day (if you are a man) or more than three drinks a day (if you are a woman) significantly increases your risk of liver cirrhosis, stomach ulcers and some cancers. These are very severe problems that may occur after many years of sustained heavy drinking. Research also shows that heavy drinking reduces the life expectancy of males and females by several years.

Our clients typically reported drinking between five and seven drinks a day and had been experiencing problems for an average of five years. Their drinking had not yet caused them serious health problems, but it had caused them problems at home or work. These problems were likely to become very serious if they didn't change their drinking habits. When they came for treatment, our clients' level of alcohol dependence was either mild or moderate – never severe. Those clients who had a severe dependence on alcohol were referred to appropriate programs.

The chart on page 68 illustrates some earlier consequences of heavy drinking and how they may develop into serious problems. Heavy drinkers often experience several of these Warning Signs. They should take action before these signs evolve into Serious Problems.

Most of our clients had experienced several of the Warning Signs in the year before they started treatment. Reviewing this chart helped them to become more motivated about changing their drinking habits. See how many of these Warning Signs apply to you.

WARNING SIGNS

- forgetting things
- abnormal results on liver function tests
- stomach problems, such as nausea and vomiting
- family disputes about drinking
- missing work occasionally, late for work, or hungover at work
- lower school grades
- reckless behavior
- driving after drinking
- frequent heavy drinking
- spending too much on alcohol
- drinking to cope with stresses

SERIOUS PROBLEMS

- permanent memory impairment
- liver cirrhosis
- bleeding ulcer
- family breakup
- job loss
- dropping out of school
- assault while drinking
- being charged with impaired driving
- obsession with alcohol
- getting into debt
- severe alcohol dependence

If you have experienced some of the Warning Signs in the past year, you are drinking too much and should take steps to change your drinking habits as soon as possible.

If you have experienced any of the Serious Problems in the past year, and you are still drinking, this program is not for you. You should seek professional help.

Guidelines to reduce risks and avoid problems

Remember, you are drinking too much if your drinking interferes with your health, your relationships, or your responsibilities, or if it threatens your safety and the safety of others.

The following guidelines have been useful to our clients as rules of thumb to reduce the risks of drinking and to avoid problems.

1 No drinking at all in the following situations:

- ▲ Before you drive or perform any other task that poses a risk to the safety of yourself or others

- ▲ If you are taking medication that has a negative reaction when mixed with alcohol
- ▲ If you have medical problems that are likely to get worse if you drink alcohol
- ▲ If you are pregnant or breast-feeding. (There is no scientific evidence to suggest that an occasional drink will harm your baby; however, we advise you to err on the side of caution and not drink at all.)

2 No daily drinking.

3 No more than four drinks on any day for men, and no more than three drinks on any day for women.

4 No more than 12 drinks a week for men and women.

IS ALCOHOLISM AN INHERITED DISEASE?

About 40 per cent of our clients have one parent (usually their father) with a drinking problem. These clients are often concerned that they have an inherited disease. Perhaps they've read a story in the newspaper, watched a program on TV or talked to friends who have told them an alcohol problem may be "inherited." We respond by telling them this:

Certainly, alcoholism is not a disease like the flu. It doesn't come from a germ you catch, or from a specific gene such as the one that produces color blindness or Down's Syndrome. Nonetheless, it is true that there are genetic aspects to alcoholism. If you are a man, having an alcoholic parent makes you four or five times more likely to develop an alcohol problem than the rest of the population. But it's important to remember that most men with an alcoholic parent do not become alcoholics. Information about the incidence of alcoholism in women who have an alcoholic parent is scarce.

There is significant evidence indicating that genetic and environmental factors play an important role in the development of alcoholism. But when the effects of both factors are taken into account, it seems clear that environmental forces play a more important role than genetics. An extreme case of this concept: alcoholism is almost non-existent in countries where alcohol use is forbidden by law and severely punished.

For biological reasons, some people are sensitive to the positive effects of alcohol and some are sensitive to the negative effects. It follows that:

A person who is sensitive to the positive effects of alcohol is at risk of heavy drinking. This is especially true in an environment where heavy drinking is the norm – for example, in the family or a circle of friends. The risk is even higher if this person is also insensitive to the negative effects of alcohol, such as a hangover.

In contrast, a person who is sensitive to the negative effects of alcohol (such as nausea, numbness, dizziness, and hangover) is biologically protected against heavy drinking. Even in people with biological protection, factors in the environment can override unpleasant effects. For example, someone may hate the taste of alcohol, but will drink to numb a negative feeling.

Because a person's genetic makeup can influence their chance of becoming a problem drinker, we encourage our clients to take their family history into account when setting their goals. We point out that clients whose parents have had alcohol problems have been just as successful in our program. However, they are much more conservative when setting their goals for drinking.

HOW DO DRINKING HABITS DEVELOP?

Have you asked yourself “Why do I keep drinking the way I do, even when I know it’s causing me problems?” Many of our clients have. In reply, we tell them about a simple model called the ABCs of Drinking: A stands for Activators, or the triggers of drinking. B is for Behaviors that lead to drinking. And C is for the Consequences of drinking.

It is easiest to describe this model if we start with ‘C’s and work back to the ‘A’s.

‘C’s – The consequences of drinking:

Drinking has consequences that are viewed by the drinker as positive or negative. From studies of human learning, we know that habits develop because of their positive consequences. But to strengthen a habit, the positive consequences must follow the behavior quickly and reliably. Each time you experience positive consequences of drinking, your habit is strengthened. It doesn’t matter if the positive consequence is trivial or important – so long as it follows quickly and reliably it will strengthen your habit.

If the positive consequences strengthen the habit, why don’t the negative consequences of drinking drive the habit away? The answer: very serious negative consequences of drinking tend to be delayed and unreliable.

This chart shows examples of positive and negative consequences of drinking, and how quickly and reliably they occur.

Timing of consequences chart

CONSEQUENCES	SEC./MIN.	HOURS/DAYS	MONTHS/YEARS
POSITIVE			
	<ul style="list-style-type: none"> • good taste • warmth 		
PHYSICAL.....	<ul style="list-style-type: none"> • relaxation • relief of withdrawal • <i>sleepy</i> • confidence 		
PSYCHOSOCIAL.....	<ul style="list-style-type: none"> • euphoria • less anxious, bored, etc. • talkative • flirtatious 		
BEHAVIORAL	<ul style="list-style-type: none"> • joking • assertive • loving 		
NEGATIVE			
	<ul style="list-style-type: none"> • <i>bad taste</i> 	<ul style="list-style-type: none"> • <i>dizziness</i> • <i>nausea</i> 	<ul style="list-style-type: none"> • <i>gastritis</i> • <i>physical dependence</i>
PHYSICAL.....		<ul style="list-style-type: none"> • <i>vomiting</i> • <i>hangover</i> • <i>trauma</i> 	<ul style="list-style-type: none"> • <i>stomach ulcer</i> • <i>liver disease</i> • <i>brain damage</i> • <i>cancer</i>
	<ul style="list-style-type: none"> • <i>social disapproval</i> 	<ul style="list-style-type: none"> • <i>embarrassment</i> • <i>guilt</i> • <i>self-disgust</i> 	<ul style="list-style-type: none"> • <i>psychological dependence</i> • <i>depression</i>
PSYCHOSOCIAL.....		<ul style="list-style-type: none"> • <i>family conflict</i> • <i>job performance impaired</i> 	<ul style="list-style-type: none"> • <i>marital breakup</i> • <i>lower professional competence</i> • <i>job loss</i>
BEHAVIORAL.....		<ul style="list-style-type: none"> • <i>aggression</i> • <i>over-spending</i> • <i>drunk driving</i> • <i>accidents</i> • <i>legal charges</i> 	<ul style="list-style-type: none"> • <i>debt</i>

Reliable consequences are in plain type. Unreliable consequences are in italics

As you can see, most positive consequences of drinking come reliably within seconds or minutes. In contrast, the negative consequences are delayed – they come after hours, days, months, or years – and often do not follow a specific episode of drinking.

People who decide to change their drinking habits usually do so because of a negative consequence. However, breaking the habit is a challenge because, as the desire to drink is triggered, the short-term positive effects of alcohol are the first to come to mind, not the longer-term negative consequences.

‘B’s • the behaviors of drinking

Drinking behaviors become more and more elaborate as dependence on alcohol develops. The ‘B’s of drinking are the chains of action that are completed predictably by people who consume alcohol.

Here are Three Examples:

John is an occasional light drinker. You can only predict John will drink if he actually has a drink in his hand. His drinking cannot be predicted by where he is, what he is doing, or how he feels. So John has very few behaviors – or ‘B’s – associated with drinking.

Bill, on the other hand, drinks heavily and regularly. His drinking is much more predictable than John’s. For example, if Bill leaves work with Dean, you can guarantee that in few minutes the two will be sitting in the bar down the street having a drink. For Bill, one of the many ‘B’s of drinking is simply leaving work with Dean. Bill’s other drinking behaviors include visiting his father-in-law and going curling with his buddies.

For Dean, there are even more ‘B’s of drinking. Entering the liquor store is one of them. If Dean goes into the liquor store, you can be sure that he will soon be taking a drink from the bottle he buys. By contrast, when John enters the liquor store, it is most likely that he’s in the neighborhood and has taken the opportunity to make a purchase for a future occasion. You cannot predict from the fact that John is in the liquor store that he will soon be taking a drink.

When you are trying to quit or cut down it is very important to identify the ‘B’s of your drinking. That’s because it is easier to interrupt your behavior chains when they are starting than when they are nearly completed.

‘A’s • the activators of drinking

The activators of drinking are situations or events that trigger the desire to drink. They include your own feelings and thoughts, the sight and smell of alcohol, seeing people drink, watching a beer commercial on television, and so on.

We have identified three types of activators.

1 Unpleasant feelings that trigger drinking to cope. Negative feelings may include anger, boredom, shyness and tension. Alcohol may alleviate these negative feelings or enable some kind of action. For example, drinkers believe interpersonal behaviors become easier under the influence of alcohol. These include making conversation, dancing, expressing opinions or having sex.

2 Situations in which people drink for pleasure. Some situations reliably trigger the desire to drink for “the buzz” or enjoyment. This may be to celebrate something, enhance the taste of a fine meal, or enjoy the taste of a favorite drink.

3 Situations in which people drink out of habit. Some people drink regularly in specific situations, without giving it much thought and independent of how they feel. Drinking out of habit starts as drinking for pleasure or to cope. But with repetition, drinking becomes almost automatic.

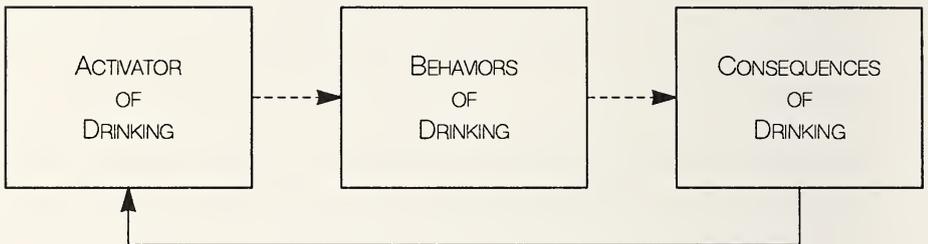
The activators of drinking work like many other signals that start chains of behaviors almost automatically. Here are some examples:

If the phone rings at your desk, you stop what you are doing and lift the receiver automatically. When driving, you brake automatically for a red light. You may be talking to someone at the time and not even notice the light consciously. Similarly, if the light is green you drive through without making any conscious decision that it is safe to go. You react to these signals without thinking. In situations where drinking has been very regular in the past, the ‘A’s – or activators – of drinking can unconsciously trigger drinking behaviors – or ‘B’s.

A habit doesn’t require much thought or concentration. An objective in this program is to get you to stop drinking without thinking. You will learn to recognize the ‘A’s, the ‘B’s, and the ‘C’s of your drinking, and how to make any drinking a deliberate choice.

This model illustrates the ABCs of drinking. Note that some 'C's can become activators of further drinking, creating a "vicious circle." Negative emotions, hangover and withdrawal are the consequences most likely to develop into 'A's of drinking.

For example, you argue with a friend while drinking. The next day, you're still feeling angry about the argument. You have a drink to cope with those feelings. Or, you've got a bad hangover after a night of heavy drinking. It's only 9 a.m., but you think a quick drink will calm your nerves, make you feel a little better....



HOW DO PEOPLE DEAL WITH DRINKING PROBLEMS?

Some people tackle their drinking problems on their own. Others turn to formal treatment or to self-help groups such as Alcoholics Anonymous and Women for Sobriety.

No one really knows why some problem drinkers choose to “go it alone” and why some prefer to seek help. Also, no one really knows what proportion achieve abstinence or problem-free drinking over the long-term. This is particularly true for those who solve the problem on their own or by joining self-help groups.

What motivates people to change their drinking habits? Sometimes, events in their lives make them reflect about the wisdom of continuing to drink as much. Some events are positive – getting married, starting a new job, or a wanted pregnancy. Others are negative – being charged for impaired driving, causing an accident, experiencing a health problem or family conflict. Some people say that nothing particularly good or bad was happening in their lives when they decided to stop or cut down on their drinking. They simply got tired of the lifestyle that goes with frequent drinking.

Doing it on your own

Almost 90 per cent of our clients had tried to curb their drinking before they came to treatment. This suggests that the first step for many problem drinkers is to try to deal with their drinking on their own.

In our most recent study we mailed an earlier version of this guide to people who wanted self-help materials. We asked those who were doing well one year later to tell us the steps they had taken to tackle their problem before they received the self-help materials.

They mentioned two strategies:

- ▲ Keeping track by counting drinks and monitoring how much alcohol they were buying.
- ▲ Avoiding risky situations such as going into bars or socializing with heavy drinkers.

These two strategies are highly recommended in this guide.

Self-help groups

There are a variety of self-help organizations for people with alcohol problems. Alcoholics Anonymous (AA) is by far the best known – it has millions of members worldwide. AA is free and welcomes anyone who wants to attend. Related programs provide support to the families of alcoholics.

The objective of AA is to help its members achieve sobriety – that is, complete abstinence from alcohol – and personal improvement. AA views alcoholism as a disease that is progressive and incurable. To halt the progression of the disease, alcoholics must stop drinking for the rest of their lives. Those who join AA are often experiencing severe alcohol problems.

The AA program consists of 12 steps, which each member accomplishes at his or her own pace. To do well in the program people should:

- ▲ accept the disease view of alcoholism
- ▲ accept that complete abstinence is the only way to arrest the disease
- ▲ attend meetings regularly
- ▲ progress through the 12 steps of the program.

Formal treatment

Most substance abuse treatment programs accept the AA disease view of alcoholism and the goal of sobriety for their patients. They often include three weeks of residential treatment followed by one or two years of regular aftercare. Treatment programs may be expensive, but their costs are usually covered by health insurance plans.

Most treatment programs make attendance at AA mandatory, but treatment includes many other elements, such as alcohol education, stress management and group therapy. Often, treatment programs require that family members or the employer be involved in the treatment process. A major objective is to teach those who are close to the client how to avoid covering up for him or her – or “enabling” the disease in other ways. Like AA, treatment programs tend to attract people who are experiencing severe alcohol problems.

Programs of early intervention

These programs are just starting to be widely used with people who have less severe problems. The programs assume that drinking too much is a learned habit that can be changed by quitting or by cutting down.

The main objectives of the early intervention programs are to provide knowledge and teach skills that enable clients to avoid problems from drinking. The strategy is to attract people with less severe problems, by incorporating features such as:

- ▲ considering problem drinking as a learned habit rather than a disease
- ▲ offering clients a choice of goal – either abstinence or moderate drinking
- ▲ providing the opportunity to receive help without having to interrupt work or home responsibilities
- ▲ maximizing privacy – clients are not required to tell anyone that they are receiving help, or to involve others in the treatment process.

Programs of early intervention are relatively brief. Clients typically receive from three to six counselling sessions. The cost is sometimes covered by insurance plans; sometimes the user pays a fee.

This guide is the most recent development of our program of early intervention. The approach has worked for many people. We hope it is also helpful to you.

APPENDIX

Drinking Diary

Attached are enough forms to help you record your drinking for six months.

Coping Diary

Use these forms while you are trying to reach your goal.

Checkup Forms

Use these forms to check your progress every three months.

Your Evaluations of this Guide

Your feedback is important to us. Please complete this form and return it to us to help us improve this guide.

If you want information about the nature and effects of other drugs, you may call the Addiction Research Foundation's confidential toll-free INFO-ARF line at 1-800-463-6273

MAX # OF DRINKS PER DAY _____
 MAX # OF DRINKING DAYS THIS WEEK _____
 MAX # OF DRINKS THIS WEEK _____

MY GOAL FOR WEEK # _____
 *FORT. WINE (e.g. sherry, port, vermouth)

	M	T	W	T	F	S	S
 # OF 12 OZ BOTTLES BEER							
 # OF 5 OZ GLASSES WINE							
 # OF 3 OZ GLASSES *FORT. WINE							
 # OF 1 1/2 OZ SHOTS LIQUOR							
TOTAL DRINKS PER DAY							

DRINKING DIARY

TOTAL # OF DRINKS THIS WEEK _____

MAX # OF DRINKS PER DAY _____
 MAX # OF DRINKING DAYS THIS WEEK _____
 MAX # OF DRINKS THIS WEEK _____

MY GOAL FOR WEEK # _____
 *FORT. WINE (e.g. sherry, port, vermouth)

	M	T	W	T	F	S	S
 # OF 12 OZ BOTTLES BEER							
 # OF 5 OZ GLASSES WINE							
 # OF 3 OZ GLASSES *FORT. WINE							
 # OF 1 1/2 OZ SHOTS LIQUOR							
TOTAL DRINKS PER DAY							

DRINKING DIARY

TOTAL # OF DRINKS THIS WEEK _____

MAX # OF DRINKS PER DAY _____
 MAX # OF DRINKING DAYS THIS WEEK _____
 MAX # OF DRINKS THIS WEEK _____

MY GOAL FOR WEEK # _____
 *FORT. WINE (e.g. sherry, port, vermouth)

	M	T	W	T	F	S	S
 # OF 12 OZ BOTTLES BEER							
 # OF 5 OZ GLASSES WINE							
 # OF 3 OZ GLASSES *FORT. WINE							
 # OF 1 1/2 OZ SHOTS LIQUOR							
TOTAL DRINKS PER DAY							

DRINKING DIARY

TOTAL # OF DRINKS THIS WEEK _____

MAX # OF DRINKS PER DAY _____
 MAX # OF DRINKING DAYS THIS WEEK _____
 MAX # OF DRINKS THIS WEEK _____

MY GOAL FOR WEEK # _____
 *FORT. WINE (e.g. sherry, port, vermouth)

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 # OF 12 OZ BOTTLES BEER							
 # OF 5 OZ GLASSES WINE							
 # OF 3 OZ GLASSES *FORT. WINE							
 # OF 1 1/2 OZ SHOTS LIQUOR							
TOTAL DRINKS PER DAY							

DRINKING DIARY

TOTAL # OF DRINKS THIS WEEK _____

MAX # OF DRINKS PER DAY _____
 MAX # OF DRINKING DAYS THIS WEEK _____
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 # OF 1 1/2 OZ SHOTS LIQUOR							
TOTAL DRINKS PER DAY							

DRINKING DIARY

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 MAX # OF DRINKING DAYS THIS WEEK _____
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TOTAL DRINKS PER DAY							

DRINKING DIARY

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MAX # OF DRINKS PER DAY

MAX # OF DRINKING DAYS THIS WEEK

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DRINKING DIARY

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MAX # OF DRINKING DAYS THIS WEEK

MAX # OF DRINKS THIS WEEK

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DRINKING DIARY

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MAX # OF DRINKS PER DAY

MAX # OF DRINKING DAYS THIS WEEK

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DRINKING DIARY

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MAX # OF DRINKING DAYS THIS WEEK

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DRINKING DIARY

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DRINKING DIARY

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DRINKING DIARY

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DRINKING DIARY

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TOTAL DRINKS PER DAY							

DRINKING DIARY

TOTAL # OF DRINKS THIS WEEK ▼

DETAILS OF MY TEMPTATION

Time of day _____ Place _____ I was with _____

My feelings _____

DETAILS OF MY TEMPTATION

This is what I said to myself _____

This is what I did to cope _____

This is how I said 'no' when I was invited to drink _____

Did my coping work? Yes No

DETAILS OF MY TEMPTATION

Time of day _____ Place _____ I was with _____

My feelings _____

DETAILS OF MY TEMPTATION

This is what I said to myself _____

This is what I did to cope _____

This is how I said 'no' when I was invited to drink _____

Did my coping work? Yes No

DETAILS OF MY TEMPTATION

Time of day _____ Place _____ I was with _____

My feelings _____

DETAILS OF MY TEMPTATION

This is what I said to myself _____

This is what I did to cope _____

This is how I said 'no' when I was invited to drink _____

Did my coping work? Yes No

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Time of day _____ Place _____ I was with _____

My feelings _____

DETAILS OF MY TEMPTATION

This is what I said to myself _____

This is what I did to cope _____

This is how I said 'no' when I was invited to drink _____

Did my coping work? Yes No

DETAILS OF MY TEMPTATION

Time of day _____ Place _____ I was with _____

My feelings _____

DETAILS OF MY TEMPTATION

This is what I said to myself _____

This is what I did to cope _____

This is how I said 'no' when I was invited to drink _____

Did my coping work? Yes No

DETAILS OF MY TEMPTATION

Time of day _____ Place _____ I was with _____

My feelings _____

DETAILS OF MY TEMPTATION

This is what I said to myself _____

This is what I did to cope _____

This is how I said 'no' when I was invited to drink _____

Did my coping work? Yes No

DETAILS OF MY TEMPTATION

Time of day _____ Place _____ I was with _____

My feelings _____

DETAILS OF MY TEMPTATION

This is what I said to myself _____

This is what I did to cope _____

This is how I said 'no' when I was invited to drink _____

Did my coping work? Yes No

DETAILS OF MY TEMPTATION

Time of day _____ Place _____ I was with _____

My feelings _____

DETAILS OF MY TEMPTATION

This is what I said to myself _____

This is what I did to cope _____

This is how I said 'no' when I was invited to drink _____

Did my coping work? Yes No

DETAILS OF MY TEMPTATION

Time of day _____ Place _____ I was with _____

My feelings _____

DETAILS OF MY TEMPTATION

This is what I said to myself _____

This is what I did to cope _____

This is how I said 'no' when I was invited to drink _____

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DETAILS OF MY TEMPTATION

Time of day _____ Place _____ I was with _____

My feelings _____

DETAILS OF MY TEMPTATION

This is what I said to myself _____

This is what I did to cope _____

This is how I said 'no' when I was invited to drink _____

Did my coping work? Yes No

DETAILS OF MY TEMPTATION

Time of day _____ Place _____ I was with _____

My feelings _____

DETAILS OF MY TEMPTATION

This is what I said to myself _____

This is what I did to cope _____

This is how I said 'no' when I was invited to drink _____

Did my coping work? Yes No

DETAILS OF MY TEMPTATION

Time of day _____ Place _____ I was with _____

My feelings _____

DETAILS OF MY TEMPTATION

This is what I said to myself _____

This is what I did to cope _____

This is how I said 'no' when I was invited to drink _____

Did my coping work? Yes No

CHECKUP 1

Period Covered: _____

Summary of my drinking - 30 day period

	NUMBER OF DAYS (A)		TYPICAL DRINKS (B)		TOTALS (A x B)
Days of no drinking	_____				
Days of 1-4 drinks	_____	x	_____	=	_____
Days of 5-9 drinks	_____	x	_____	=	_____
Days of 10 or more drinks	_____	x	_____	=	_____
	(=30 days)		Total drinks		_____
			Weekly Average (Total drinks ÷ 4 weeks)		_____

Coping with temptations to drink over my goal

My best ways of saying "NO" to myself _____

My best ways of saying "NO" to others when they invite me to drink:

My most useful activities to avoid heavy drinking

CHECKUP 2

Period Covered: _____

Summary of my drinking - 30 day period

	NUMBER OF DAYS (A)		TYPICAL DRINKS (B)		TOTALS (A x B)
Days of no drinking	_____				
Days of 1-4 drinks	_____	x	_____	=	_____
Days of 5-9 drinks	_____	x	_____	=	_____
Days of 10 or more drinks	_____	x	_____	=	_____
	(=30 days)		Total drinks		_____
			Weekly Average (Total drinks ÷ 4 weeks)		_____

Coping with temptations to drink over my goal

My best ways of saying "NO" to myself _____

My best ways of saying "NO" to others when they invite me to drink:

My most useful activities to avoid heavy drinking

CHECKUP 3

Period Covered: _____

Summary of my drinking - 30 day period

	NUMBER OF DAYS (A)		TYPICAL DRINKS (B)		TOTALS (A x B)
Days of no drinking	_____				
Days of 1-4 drinks	_____	x	_____	=	_____
Days of 5-9 drinks	_____	x	_____	=	_____
Days of 10 or more drinks	_____	x	_____	=	_____
	(=30 days)		Total drinks		_____
	Weekly Average (Total drinks ÷ 4 weeks)				_____

Coping with temptations to drink over my goal

My best ways of saying "NO" to myself _____

My best ways of saying "NO" to others when they invite me to drink:

My most useful activities to avoid heavy drinking

CHECKUP 4

Period Covered: _____

Summary of my drinking - 30 day period

	NUMBER OF DAYS (A)		TYPICAL DRINKS (B)		TOTALS (A x B)
Days of no drinking	_____				
Days of 1-4 drinks	_____	x	_____	=	_____
Days of 5-9 drinks	_____	x	_____	=	_____
Days of 10 or more drinks	_____	x	_____	=	_____
	(=30 days)		Total drinks		_____
			Weekly Average (Total drinks ÷ 4 weeks)		_____

Coping with temptations to drink over my goal

My best ways of saying "NO" to myself _____

My best ways of saying "NO" to others when they invite me to drink:

My most useful activities to avoid heavy drinking

HELP US TO IMPROVE THIS GUIDE

This program has been refined using the feedback of our clients over the years. We would welcome your comments or suggestions. You may send them anonymously if you prefer. Your suggestions and personal experience with using this guide can help us to improve the program. Please take the time to fill out the evaluation form below and mail it with any additional comments to:

Martha Sanchez-Craig, Addiction Research Foundation
33 Russell Street, Toronto, Ontario, M5S 2S1, Canada.

If you want more information, please feel free to write to us at the above address. If you need help with an alcohol problem, contact your local addictions agency.

My evaluation of the guide

As we said in the Introduction, the development of this program has been consistently influenced by the opinions from our clients. Please give us your feedback about the guide by completing this questionnaire, and by mailing it to us.

1 How did you find out about this guide?

2 What goal did you hope the guide would help you to achieve?

Abstinence Moderation

3 How many weeks have passed since you started working with the guide?

_____ weeks

4 What was your weekly average number of drinks when you started your program?

_____ drinks

5 What is your weekly average now?

_____ drinks

6 Indicate how often you accomplished your goal:

- All the time
- Less than half of the time
- Most of the time
- Seldom
- About half of the time

7 What sections of the guide did you find most useful?

8 What sections of the guide did you find least useful?

9 Were there sections in the guide that were difficult to understand or follow?

10 In general, did you find that the guide was:

- Too short
- About the right length
- Too long

11 What age range do you fall into?

- 15 - 24
- 45 - 54
- 25 - 34
- 55 - 64
- 35 - 44
- 65+

12 Are you female or male

13 How many years of school have you completed?

_____ years

Please write any comments or suggestions you think may help us to improve the guide. If you need extra space, use the back of the page.



ABOUT THE AUTHOR

Dr. Martha Sanchez-Craig is a senior scientist at the Addiction Research Foundation in Toronto. In more than 20 years at ARF, she has evaluated a variety of treatment methods for patients whose alcohol problems range from mild to severe. Treatment goals for her patients have included both abstinence and moderate drinking. Dr. Sanchez-Craig studied undergraduate psychology and philosophy in Mexico and holds a Ph.D. in Counselling Psychology from the University of Toronto.

SAYING WHEN

HOW TO QUIT DRINKING
OR CUT DOWN

If your drinking is causing you problems – with your health, your job, your family – or if you think it might cause you problems down the road, this book can help.

For over 18 years the SAYING WHEN approach has helped people manage their drinking. And it can show you how to reach the goal you choose, whether that's to quit drinking or cut down.

You'll learn about situations and feelings that trigger heavy drinking – and ways to overcome them.

It includes charts and workbook diaries that will help you track your progress. It's straightforward, practical, and best of all, you can use it in the privacy of your own home.

If you – or someone you care for – has a drinking problem, SAYING WHEN can help.

UTL AT DOWNSVIEW



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